

State of Idaho
Department of Education
Idaho Basic Education Data System
COVER LETTER

DISTRICT/CHARTER NAME: _____

DISTRICT/CHARTER NUMBER: _____

IBEDS CONTACT INFORMATION:

NAME: _____

POSITION _____

PHONE #: _____

FAX #: _____

E-MAIL: _____

SALARY NEGOTIATIONS:

Has your district finished salary negotiations?

Yes ☐

No ☐

Note: If "No", then IBEDS should be reported under the current contract salary schedule.

CERTIFICATION OF CORRECTNESS:

I Certify that the information submitted is complete and accurate.

Superintendent's Signature: _____

Date: _____

Submit this form, the current year district schedule, district control list and IBEDS data by October 15th to:

State Department of Education
Public School Finance - IBEDS
P.O. Box 83720
Boise, ID 83720-0027

IBEDS Form 1